

MIDWIFERY CARE FOR MRS. “R” IMPLANT CONTRACEPTIVE ACCEPTOR WITH COMPLAINTS OF MENORRHAGIA AT MAWASANGKA TENGAH COMMUNITY HEALTH CENTER

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ARTICLE INFORMATION

Received: 4 May 2025
Revised : 9 July 2025
Accepted: 27 August 2025
DOI:

KEYWORDS

Keywords : Implan; KB; Menoragia

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A B S T R A C T

Background Population issues have become a serious challenge in many countries. In Indonesia, the government addresses this by enacting Law Number 52 of 2009 concerning Population Development and Family Development, Article 1 Paragraph 8. **The aim of this** In this study, midwifery care was provided to a mother using implant contraception who experienced menorrhagia at Mawasangka Tengah Community Health Center, documented using the 7 Varney steps and the SOAP format. **The subject** of the research is Mrs. 'R', an implant contraceptive acceptor with menorrhagia. **The method** is a case study report, using the 7 steps of Varney midwifery approach and SOAP documentation method. **The results** show that the mother understands her condition and is willing to take medication, practice relaxation, engage in light activities, and maintain good nutrition. She keeps herself clean, changes her pads, and seeks medical attention if there are other warning signs. Her husband and family provide support. The mother will return in 7 days for a follow-up. The actions have been documented. **The conclusion** Family planning midwifery care for Mrs. “R,” an implant contraceptive acceptor with complaints of menorrhagia, was provided in accordance with midwifery care standards.

INTRODUCTION

Uncontrolled population growth has become a major challenge for developing countries, including Indonesia, as it leads to a rapid increase in population numbers. As a control effort, since 1968 the government has implemented the Family Planning program through the establishment of LKBN, which later transformed into BKKBN. This program is focused on reducing the population growth rate while simultaneously improving the quality of human resources. (Mustika Yanti, Wirastri, Hamzar Lombok Timur, TGH Zainuddin Aryad Mamben Daya Wanasaba, & Timur, 2023)

Indonesia, as the fourth largest developing country in the world, has a population of around 37.6 million people. BKKBN data from 2015 recorded a population growth rate of 1.49% with a projected increase of 3.5 million people. To control this, the government implemented the Family Planning program targeting couples of childbearing age (PUS) and women of childbearing age (WUS). One of the strategies in the 2015–2019 RPJM was to increase the use of more effective long-term contraceptive methods (LARC), such as vasectomy (MOP), tubectomy (MOW), IUD, and implants, compared to non-LARC methods. Among these methods, implants were designated as a flagship program by BKKBN because of their effectiveness in reducing the population growth rate (Sangadji, 2024).

The Family Planning Program is an effort to assist individuals and married couples in preventing unwanted pregnancies, planning childbirth according to their preferences, and regulating the spacing between births. Family planning is carried out consciously by couples to determine the number of children, the spacing of births, and the appropriate timing for having offspring. The main goal of this program is to improve the welfare of mothers and children, while also creating small, happy, and prosperous families through the control of birth rates and population growth in Indonesia (Mustika Yanti et al., 2023).

The Family Planning Program (KB) initiated by the Indonesian government aims to create healthy and prosperous families by regulating the number of births. However, the meaning of the Family Planning program is not limited to birth control alone, but also includes efforts to create an environment that supports children's growth and development, while at the same time improving family welfare through approaches in health, economics, and education (Mahdani¹ et al., 2024).

The Family Planning Program in Indonesia aims to create prosperous families and produce a quality generation in accordance with Islamic teachings (Setyorini et al., 2023).

A lack of stimulation can hinder a child's growth and development, and may even pose a risk of causing permanent disorders. Therefore, Posyandu serves as a community activity center that also provides health services, including family planning service (Asriadi, Risna, & Usman, 2021)

The implant is a hormonal contraceptive method inserted under the skin and is classified as a long-term contraceptive that is effective in delaying pregnancy. Its advantages include providing protection for up to 3 years, being safe to use as it does not affect breast milk production or quality, and allowing fertility to return quickly after the implant is removed (Hartini, 2020)

METHODOLOGY

In writing this final report, the author applies a case study approach. This approach is used as one of the steps in midwifery management, which is a systematic and organized problem-solving process. Midwifery management refers to the use of scientific theories, research findings, and professional skills to develop a logical series of actions, ensuring that the decisions made always focus on the client's best interests. The case study, as one of the research methods, provides in-depth attention to a particular subject by studying it in detail and intensively to obtain a comprehensive understanding. In documenting the research findings, the author uses the SOAP method, which stands for Subjective, Objective, Assessment, and Plan. This SOAP approach helps analyze a case or event systematically and in accordance with the applicable theory in real-life situations. This study was conducted in the working area of Mawasangka Tengah Community Health Center. The research took place from January to March 2025. The subject of the study was Mrs. "R," an implant contraceptive acceptor with menorrhagia. Subjective data describe the information obtained through anamnesis with Mrs. "R" or through interviews with the client. This documentation includes complaints, medical history, and the client's subjective perception of her health condition. Meanwhile, objective data are the results of physical examinations and various supporting tests used to assess the client's condition more concretely. These data serve as the main focus in supporting the decision-making process in providing care. The analysis was carried out by identifying and linking subjective and objective data to obtain a clearer picture of the client's condition. Management, ultimately, outlines an action plan that has been designed based on the results of the analysis, covering both ongoing actions and those to be implemented in the future.

RESULT AND DISCUSSION

Subjective Data

On March 7 at 09:00 Central Indonesia Time (WITA), subjective data were collected regarding the identity of the patient and her husband, namely Mrs. R, 27 years old, and Mr. Y, 30 years old. The couple has been married for 5 years, is Muslim, and comes from the Buton ethnic group. Mrs. R completed high school education and works as a housewife, while Mr. Y also completed high school and works as a private employee. They reside in Lantongau Village, Mawasangka Tengah Subdistrict, Central Buton Regency.

Mrs. R's main complaint is menstruation lasting for 10 days, starting from February 25, 2025, until today. The patient reported that she needs to change her sanitary pad about 6 times a day because it becomes fully soaked with fresh red blood containing small clots. Mrs. R feels anxious and uncomfortable due to the heavy bleeding. She also stated that she has no family history of hereditary diseases such as hypertension, diabetes mellitus, or asthma, nor of infectious diseases such as tuberculosis and hepatitis. For family needs and decision-making, Mrs. R depends on her husband. In addition, the patient has no history of drug allergies.

Objective data

The mother's general condition appears good with a body weight of 60 kg. Physical examination shows vital signs within the normal range, namely blood pressure 120/80 mmHg, pulse 98 beats per minute, body temperature 36.5°C, and respiratory rate 20 breaths per minute.

Analysis

Mrs. R, Implant Contraceptive Acceptor with Menorrhagia

Management

The patient was informed that the menorrhagia she experienced is one of the side effects of using an implant contraceptive. She was also educated on the importance of maintaining genital hygiene to keep the area clean and dry. The therapy provided included Tranexamic Acid 500 mg to be taken three times a day, and 30 iron supplement tablets (60 mg) with instructions to take 1 tablet daily with plain water at night before bedtime. In addition, the patient received counseling to increase the intake of iron-rich foods such as red meat and green leafy vegetables (e.g., spinach). The patient was advised to reduce strenuous physical activity, get more rest, and undergo Hb and ultrasound examinations. A follow-up visit was scheduled for one week later.

DISCUSSION

subjective data

On March 7 at 09:00 Central Indonesia Time (WITA), subjective data were collected regarding the couple's identity, namely Mrs. R and her husband Mr. Y. Mrs. R is 27 years old and Mr. Y is 30 years old; they have been married for 5 years and are Muslim. The couple is from the Buton ethnic group, with a high school education background. Mrs. R is a housewife, while Mr. Y works as a private employee. They reside in Lantongau Village, Mawasangka Tengah Subdistrict, Central Buton Regency.

The patient's main complaint is menstruation lasting for 10 days, starting from February 25, 2025, until the present. She reported frequently changing sanitary pads up to 6 times a day because they were soaked with fresh red blood accompanied by small clots. She feels anxious and uncomfortable due to the heavy bleeding. The patient stated that her family has no history of hereditary diseases such as hypertension, diabetes mellitus, or asthma, and no history of infectious diseases such as tuberculosis or hepatitis. In meeting her needs and making decisions, the patient relies on her husband. In addition, she has no history of drug allergies.

A normal menstrual cycle usually lasts between 21 and 35 days, with a blood loss of about 10–80 ml per cycle. If the menstrual cycle exceeds 35 days, the condition is considered abnormal. The causes vary, including hormonal imbalances, stress, contraceptive use, or the presence of tumors. Menstrual disorders most often occur at the beginning and end of the reproductive period, namely under the age of 19 and over the age of 39, and may be related to changes in cycle length, duration, or the volume of menstrual blood (Qomah & Tazkiah, 2025). Menorrhagia is a menstrual disorder characterized by a menstrual period lasting longer than 7 days (Thaief, 2024).

One of the side effects of using implant contraceptives is weight gain, which in the long term may lead to obesity. Being overweight or obese can increase a woman's risk of developing diseases such as diabetes mellitus and cardiovascular disorders, including hypertension and coronary heart disease. Other possible side effects of implant use include menstrual cycle disturbances (8.5%), weight gain (3.3%), increased blood pressure (2.2%), headaches (5.5%), and bleeding or menstrual disorders (1.6%) (Suraiya, Windayanti, Rimbawati, Fitri, & Agutine, 2022).

Some side effects of using implant contraceptives include menstrual disorders such as amenorrhea or irregular bleeding, weight gain, the appearance of acne, breast tenderness, and vaginal dryness (Haslan & Indryani, 2020).

Indonesia ranks fourth as the country with the largest population in the world. According to estimates from the Central Bureau of Statistics (BPS), in 2025 Indonesia's population is projected to reach around 273.65 million people. This population growth poses various challenges in the social, economic, and health sectors. As an effort to address this, the government implements the Family Planning (KB) program by encouraging couples of childbearing age (PUS) to use contraceptives (Yayanzi, Suprida, Anggraini, & Mastina, 2023)

According to the literature review, menorrhagia is a menstrual condition characterized by excessive blood loss, lasting more than 8 days and exceeding 80 ml per day, and is often accompanied by the presence of blood clots during menstruation (Ekomurtomo, Dhanardono, Ratyana, & Putri, n.d.).

In cases of menorrhagia among implant contraceptive acceptors, one anticipatory step that can be provided is the administration of medroxyprogesterone acetate 10 mg orally, once daily for 10 days. An alternative for patients who have difficulty adhering to a daily pill schedule is norethindrone 5 mg orally, twice daily for 10 days, or the administration of depot medroxyprogesterone acetate (DMPA) 10 mg intramuscularly to help reduce menstrual bleeding volume, according to the dosage recommended by the physician. Thus, the application of the literature review to the case study of Mrs.

“R” is in line with the objectives of the literature, and no differences were found between the existing theory and the patient’s condition (Tanjung, 2023).

objective data

The patient’s general condition appears good with a body weight of 60 kg. Physical examination shows vital signs within normal values, namely blood pressure 120/80 mmHg, pulse 98 beats per minute, body temperature 36.5°C, and respiratory rate 20 breaths per minute.

Contraception is a method used to prevent pregnancy, either temporarily or permanently. The effectiveness of contraception is divided into three categories: theoretical effectiveness, use effectiveness, and demographic effectiveness. Theoretical effectiveness refers to the ability of a contraceptive method to prevent pregnancy when used correctly according to instructions without error. Use effectiveness indicates the level of protection against pregnancy in everyday conditions, which may be influenced by factors such as negligence, compliance, motivation, socioeconomic status, culture, education, and others. Meanwhile, demographic effectiveness describes the number of contraceptive uses needed to prevent one birth (Afifah Nurullah, 2021).

Analysis

In this case, the analysis shows that Mrs. R, who uses implant contraception, is experiencing menorrhagia. The Family Planning (KB) program is one of the efforts to control the population growth rate. However, in reality, family planning is not only aimed at limiting population growth but also plays an important role in saving mothers’ lives (Afifah Nurullah, 2021).

The implant is one of the contraceptive methods used by couples of reproductive age, inserted under the skin of the inner upper arm near the elbow fold. The advantages of the implant include high effectiveness, long-term protection, rapid return of fertility after removal, the ability to be taken out at any time as needed, no requirement for internal examination, being free from estrogen hormones, not interfering with sexual activity, and not affecting breast milk production.. (Safitriana, Hasbiah, & Amalia, 2022).

Menorrhagia is a menstrual disorder characterized by menstrual bleeding lasting more than 7 days with a blood volume exceeding 80 ml (Purwaningsih, Damayanti, Lutfitasari, & Mulyanti, 2023).

Management

The mother was advised to consume ginger drinks, given an explanation about the menorrhagia she experienced and its relation to the use of implant contraception, and informed that the bleeding is one of the side effects of this contraceptive method. In addition, she was educated on how to maintain genital hygiene to keep the area clean and dry. The therapy provided included Tranexamic Acid 500 mg to be taken three times daily, as well as iron tablets 60 mg once daily for 30 days, consumed with plain water at night before bedtime. Counseling was also given, recommending the mother to eat iron-rich foods such as red meat and spinach. She was advised to reduce strenuous physical activity, get more rest, undergo Hb and ultrasound examinations, and was scheduled for a follow-up visit after one week.

The implant contraceptive is a method in the form of silastic capsules inserted under the skin of the inner upper arm. The community can choose from various types of contraceptives, ranging from simple to permanent methods. Implants are one of the long-term contraceptive methods that are still rarely used (Mawarti, 2024).

The implant is a contraceptive method in the form of flexible silastic capsules inserted under the skin of the inner upper arm. Each capsule contains the hormone levonorgestrel, which works to prevent pregnancy. Its mechanisms of action include inhibiting ovulation, thickening the cervical mucus layer, thinning the endometrium so it is not ready for implantation, and preventing nidation. The effectiveness rate of implants in preventing pregnancy reaches 97–99% (Dwi et al., n.d.).

Implant contraception can be inserted in women from the second to the seventh day of the menstrual cycle. This method is a long-term contraceptive that is safe to use after childbirth, both for breastfeeding and non-breastfeeding mothers (Oktriyanto, Amrullah, & Wulandari, 2023).

Menorrhagia can be triggered by various factors, including hormonal imbalances, the presence of uterine fibroids, cervical or endometrial polyps, pelvic inflammation, as well as more serious conditions such as cervical cancer, endometrial cancer, or disorders of the blood clotting system. In addition, the use of intrauterine devices (IUDs), thyroid gland disorders, as well as inflammation or infection of the vagina or cervix can also cause menorrhagia (Rohaeni & Iis, 2022).

CONCLUSION

Based on the midwifery care provided to Mrs. R, a contraceptive implant user with complaints of menorrhagia at Mawasangka Tengah Health Center, and the application of Varney's 7 steps from data collection to evaluation, the author draws several conclusions. The assessment was carried out through interviews and physical examinations. From the subjective data, it was found that the patient's main complaint was menstruation lasting for 10 days, from February 25, 2025, until the present. The patient reported frequently changing sanitary pads up to 6 times a day because they were soaked with fresh red blood accompanied by small clots, causing anxiety and discomfort due to the heavy bleeding. Family history showed no hereditary diseases such as hypertension, diabetes mellitus, or asthma, and no infectious diseases such as tuberculosis or hepatitis. The patient stated that decision-making within the family was entirely dependent on her husband and reported no history of drug allergies. The diagnosis established for Mrs. R was a contraceptive implant user with menorrhagia, with a potential problem of anemia requiring immediate medical treatment in the form of medication. The family planning obstetric care plan was developed based on the diagnosis, focusing on treatment suited to the patient's condition. The entire care plan was carried out smoothly without obstacles. The evaluation results showed that the interventions provided proceeded well and in accordance with the established plan.

ACKNOWLEDGEMENT

Praise be to God Almighty for His grace, health, and strength, which enabled the author to complete the Final Project Report entitled "*Midwifery Care in Family Planning for Mrs. R, a Contraceptive Implant User with Menorrhagia at Mawasangka Tengah Health Center in 2025.*" This report was prepared as one of the academic requirements to complete the Diploma III in Midwifery at Baubau Polytechnic. On this occasion, the author would like to express sincere gratitude and appreciation to: Mr. Asriadi, SKM., M.Kes, Director of Baubau Polytechnic, Mrs. Bdn. Anita, S.ST., M.Kes, Head of the Diploma III Midwifery Program at Baubau Polytechnic, Mrs. Bdn. Hilda Sulistia Alam, S.ST., M.Tr.Keb, as Supervisor I, Mr. Asriadi, SKM., M.Kes, as Supervisor II, Mrs. Bdn. Sitti Aisyah Ansi, S.ST., M.Kes, as Examiner, Mrs. Bdn. Anita, S.ST., M.Kes, as Academic Advisor, The Head of Mawasangka Tengah Health Center for the permission, support, and guidance provided during the research, Mrs. R and her family for their willingness to give their time and cooperate in the provision of midwifery care. With the assistance, guidance, and support from all of these parties, this report was successfully completed.

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